

Name  
in  
Full

Maudie Brooks

## CERTIFICATE OF DEATH

Town

Hillman

County

Calvert

MARYLAND

Died at

Date

of death 1905

Month

Dec

Day

31

Years

Age

4

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Cal. Lev.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Hayes Brooks

Father's  
Birthplace

Cal. Lev.

Mother's  
Maiden Name

Russell Sewell

Mother's  
Birthplace

" "

Name of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

Burns on body

How long

12 hrs

Immediate

Shock

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Viola Chase

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huntington</i> <sup>Town</sup> <i>Culbert</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>#</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Cal. Cal.</i>	Months <i>11</i> Days
Occupation		Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Levi Chase</i>	Father's Birthplace <i>Cal. Cal.</i>		
Mother's Maiden Name <i>Alberta Coates</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Charlie Wallace</i>	How related to deceased		

## CAUSES OF DEATH

Primary <i>Whooping Cough</i>	How long <i>2 weeks</i>
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Leitch</i>
	Address <i>Huntington</i>
Accident or Suicide?	<i>Indy</i>



Name  
in  
Full

Elijah R Crawford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Plum Point <sup>County</sup> Calvert

MARYLAND

Date of death 1905 <sup>Month</sup> Dec <sup>Day</sup> 21 <sup>Years</sup> Age 81 <sup>Months</sup> <sup>Days</sup>Sex male <sup>Color or Race</sup> white <sup>Birth-place</sup> Cal. Co.Occupation Farmer <sup>Where Residing if not at place of death</sup>Married, Single or Widowed <sup>Name of Wife or Husband</sup> Emily CrawfordFather's Name George Crawford <sup>Father's Birthplace</sup> Cal. Co.Mother's Maiden Name <sup>Mother's Birthplace</sup>Name of person giving information Oliver Ireland <sup>How related to deceased</sup> none

## CAUSES OF DEATH

Primary Intra Cranial hemorrhage <sup>How long</sup> 4 Days  
Immediate Anoxia <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Sarah J. Crawford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huntingtown</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1905	Month	Dec.	Day	11
Age		62		Months	
Sex	Female	Color or Race	White	Birth-place	Cal. Co.
Occupation	wife		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <i>James M. Crawford</i>				
Father's Name	<i>John Dickey</i>			Father's Birthplace	Cal. Co.
Mother's Maiden Name	<i>Sarah Delaney</i>			Mother's Birthplace	" "
Name of person giving information	<i>B. L. Crawford</i>			How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Arthritic Dysmenorrhea</i>	How long	<i>12</i>
Immediate	<i>Suppurative Arthritis</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Little</i>	
		Address <i>Huntingtown, Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Forester (M. M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Willons Town

Calvert County

Date of death 1905 Dec Month

28 Day

Age        Years

       Months

2 Days

Sex Female

Color or Race Negro

Birth-place Willons

Occupation       

Where Residing if not at place of death       

Married, Single or Widowed       

Name of Wife or Husband       

Father's Name       

Father's Birthplace       

Mother's Maiden Name Cornelia Forester

Mother's Birthplace       

Name of person giving information John Forester

How related to deceased Grandfather

CAUSES OF DEATH

Primary       

How long       

Immediate       

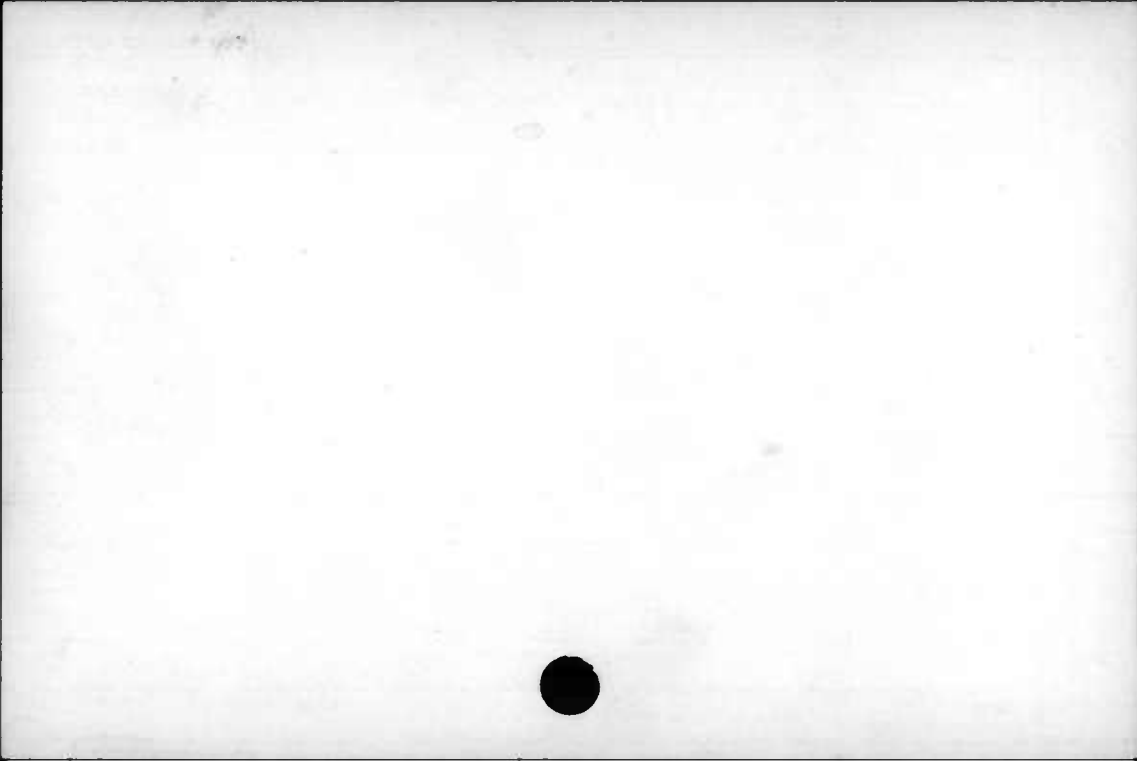
How long       

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. J. F. Talbot M.D.

Address Willons

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

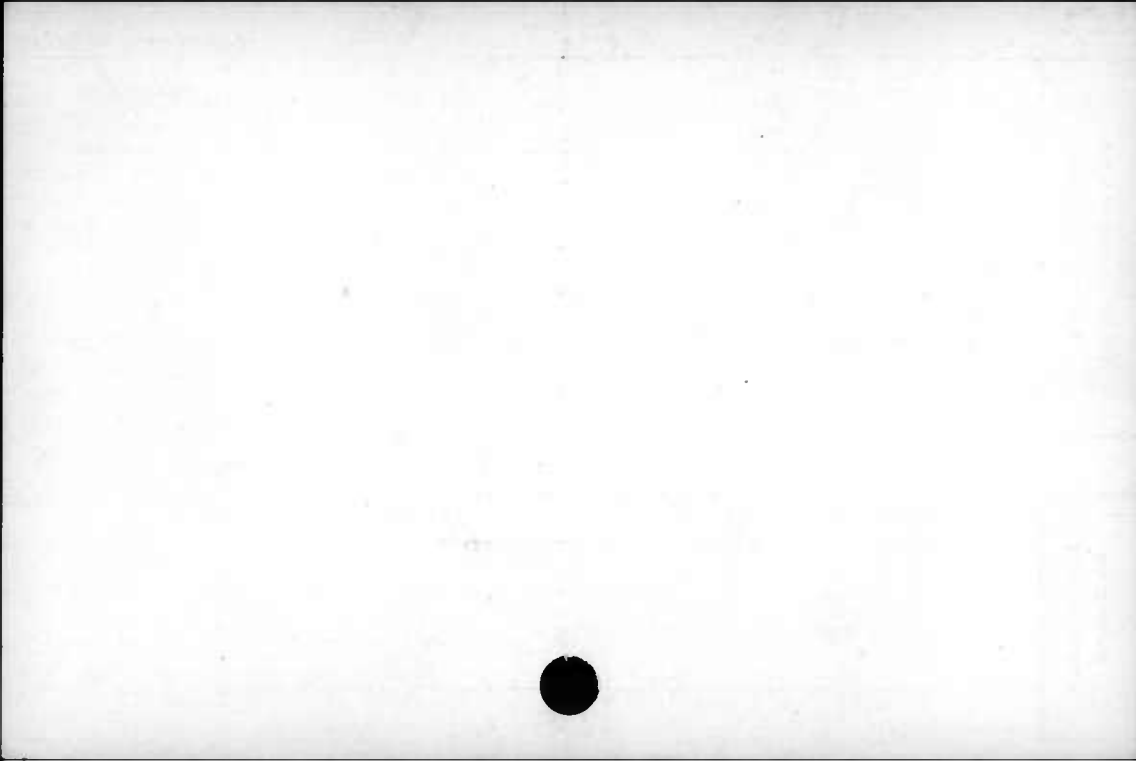
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sollers</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Month</sup>	<i>Dec</i> <sup>Day</sup>	<i>6</i> <sup>Age</sup>	<i>25</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Lu B Greenwood</i>			Father's Birthplace	<i>Kent Co, Md</i>
Mother's Maiden Name	<i>Martha C. Butler</i>			Mother's Birthplace	<i>Cecil Co, Md</i>
Name of person giving information	<i>Emma L Hungerford</i>			How related to deceased	<i>Sister</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>about 12 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>about 2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. F. Chambers MD</i>
		Address	<i>Lesby, Calvert Co</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Island Creek* *Calvert* CountyDate of death *1905 DEC* *13* *13* *14* *24* *24*  
Month Day Years Months DaysSex *male* Color or Race *caucasoid* Birth-place *Calvert co*Occupation \_\_\_\_\_ Where Residing if not at place of death *Calvert co*~~Married, Single~~ ~~or Widowed~~ Name of Wife or HusbandFather's Name *John B Jackson* Father's Birthplace *Calvert co*Mother's Maiden Name *Frances Samuel* Mother's Birthplace " "Name of person giving information *John B Jackson* How related to deceased *father*

## CAUSES OF DEATH

Primary *Incontinence* *(51)* How long *24 days*  
Immediate \_\_\_\_\_ How long \_\_\_\_\_Are the name, age, sex, color, date and place correctly given above? *No*Signature of Physician \_\_\_\_\_  
Address *Mutual 7th*Accident or Suicide? *D Brooks & Bros*



Name  
in  
Full

Thomas R Keen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huntingtown</i>			County <i>Calvert</i>			MARYLAND		
Date of death		Month	Day	Age	Years	Months	Days	
1905		Dec	27	62		11		
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Philadelphia</i>				
Occupation <i>fisherman</i>				Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>Nora Hooper</i>					
Father's Name <i>Moses Keen</i>			Father's Birthplace <i>Philadelphia</i>					
Mother's Maiden Name <i>Katherine Shank</i>			Mother's Birthplace " "					
Name of person giving information <i>Albert Keen</i>			How related to deceased <i>brother</i>					

## CAUSES OF DEATH

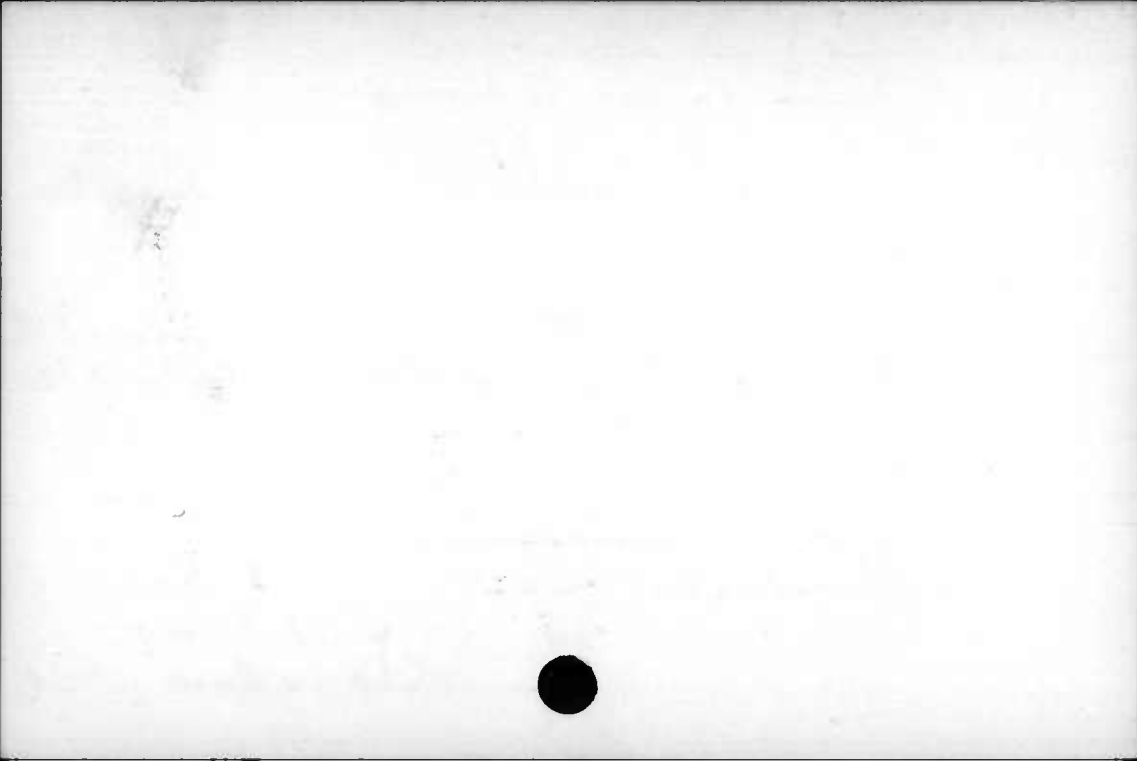
Primary	<i>Carcinoma of face</i>	How long	<i>10 yrs</i>
Immediate	<i>Exhaustion</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

Sallie M. Monett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Buena Vista		County Calvert		MARYLAND	
Date of death		Month Dec	Day 8	Years 67	Months		Days
Sex Female		Color or Race white		Birth- place Calvert Co			
Occupation Boarding				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name M. Monett				Father's Birthplace Calvert Co			
Mother's Maiden Name Henrietta Monett				Mother's Birthplace Calvert Co			
Name of person giving In formation W. W. Bowen				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage	How long
Immediate	Paralysis	How long 6 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. J. M. King
		Address Barstow Md
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

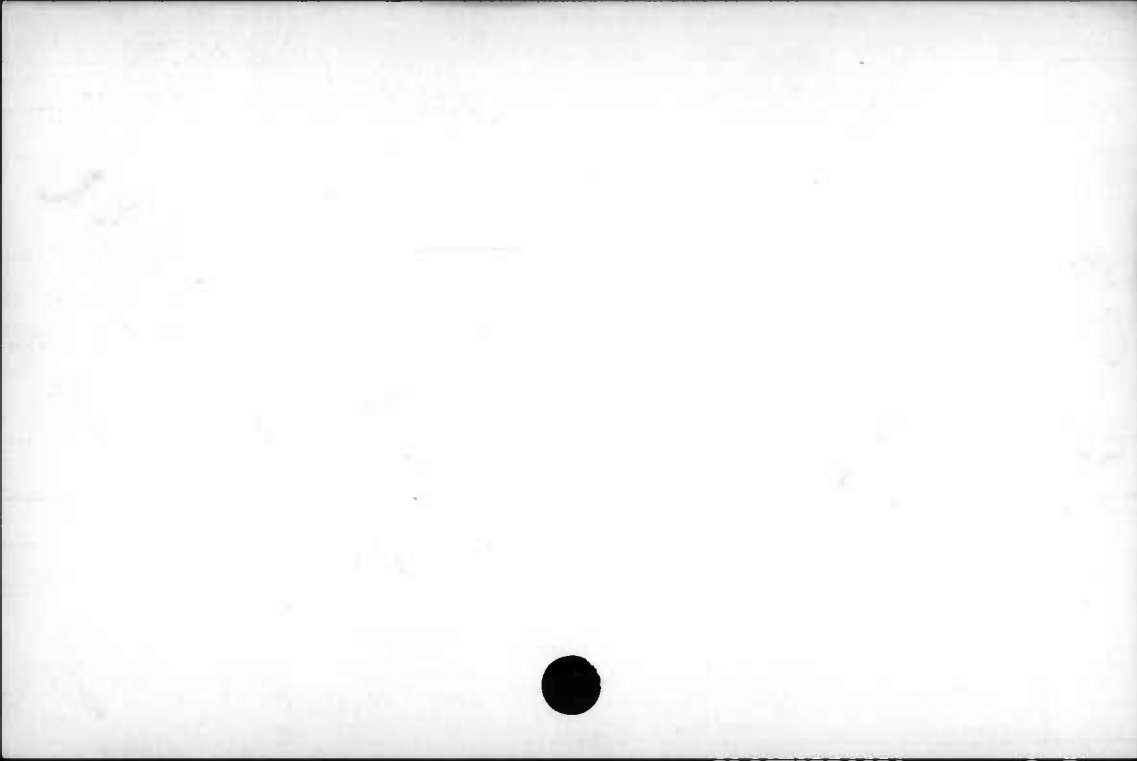
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Caldonia</i> Town		<i>Leawest</i> County		MARYLAND	
Date of death	1905	Month	<i>Dec</i>	Day	<i>15</i>
Age		Years		Months	Days
<i>42</i>		<i>42</i>		<i>—</i>	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>		Birth-place
<i>Caldonia</i>		<i>Caldonia</i>		<i>Caldonia</i>	
Occupation	<i>Subover</i>		Where Residing if not at place of death		
<i>Caldonia</i>		<i>Caldonia</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Annin Reed</i>		
Father's Name	<i>Henry Parker</i>		Father's Birthplace	<i>Caldonia</i>	
Mother's Maiden Name	<i>Mary Parker</i>		Mother's Birthplace	<i>"</i>	
Name of person giving Information	<i>W. H. White</i>		How related to deceased	<i>Cousin</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate		How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>E. H. Ingalls</i>	
		Address	
		<i>Busma Vista</i>	
		<i>md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

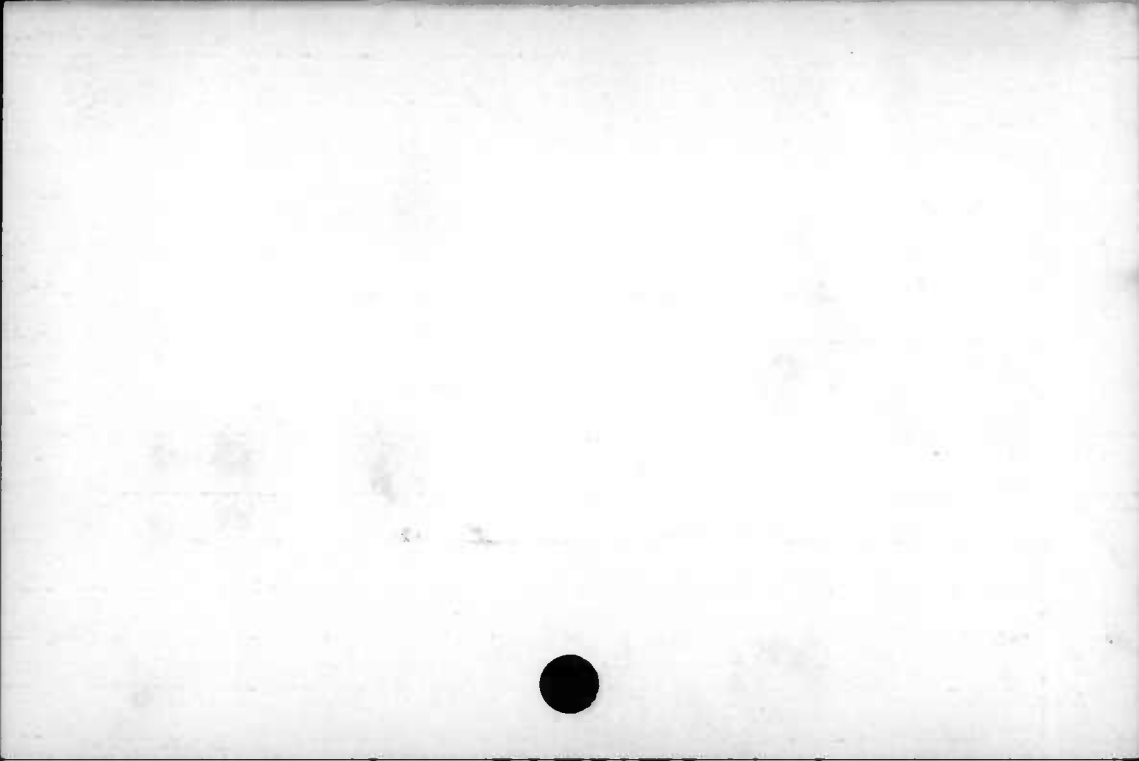
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Floyd Jackson Bailey</b>		Town <b>Solomons</b>		County <b>Calvert</b>		MARYLAND	
Died at		Date of death		Age		Months	
		1905 Dec 25		1		4 21	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Solomons</b>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <b>John Bailey</b>				Father's Birthplace <b>H. Mergis Co. Md.</b>			
Mother's Maiden Name <b>Sarah Elizabeth Marshall</b>				Mother's Birthplace <b>Baltimore, Md.</b>			
Name of person giving information <b>John Bailey</b>				How related to deceased <b>Father</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Marasmus, due to injudicious feeding</b>	How long	<b>6 months.</b>
Immediate	<b>Diarrhoea</b>	How long	<b>1 week.</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<b>Yes</b>		<b>Dr. W. H. Marsh.</b>	
		Address	
		<b>Solomons, Md.</b>	
Accident or Suicide?			



Name in Full		Infant Ray (M. M.)				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death		Month		Day		Age	
		1905		Dec		16		Years	
		Sex		Color or Race		Birth-place		Months	
		Female		Colored		Calvert County		Days	
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		Father's Birthplace		Cornelius Ray		Calvert County			
Mother's Maiden Name		Mother's Birthplace		Masie		" "			
Name of person giving information		How related to deceased		George Rice		None			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		How long					
		Immediate		How long					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
		Yes		Rebecca Hicks Mudge		Sunderland Calvert Co Md			
Accident or Suicide?									





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		December	17				8
Sex		Color or Race		Birth-place			
Male		Colored		Mt Harmony			
Occupation		Where Residing if not at place of death					
None							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Dennis Reed		Calvert Co					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Dennis Reed Father							

## CAUSES OF DEATH

Primary	How long
Not Known	
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

yes

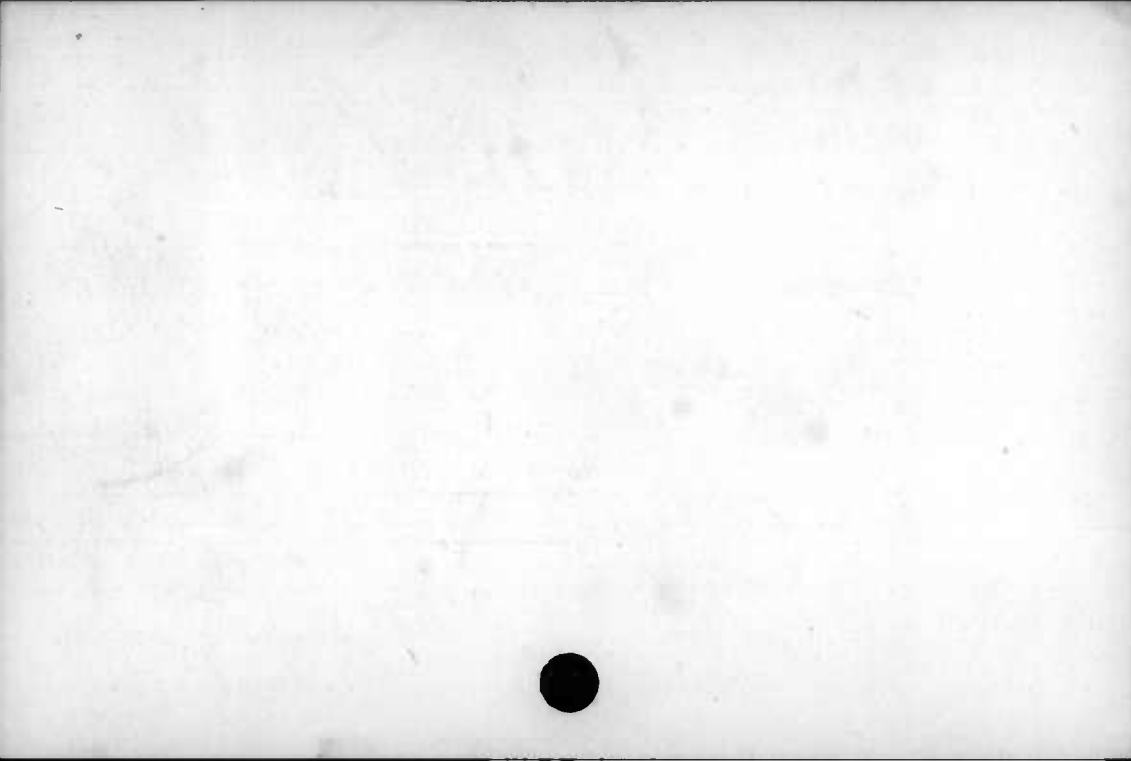
Signature of Physician

Marg Thomas Redwine

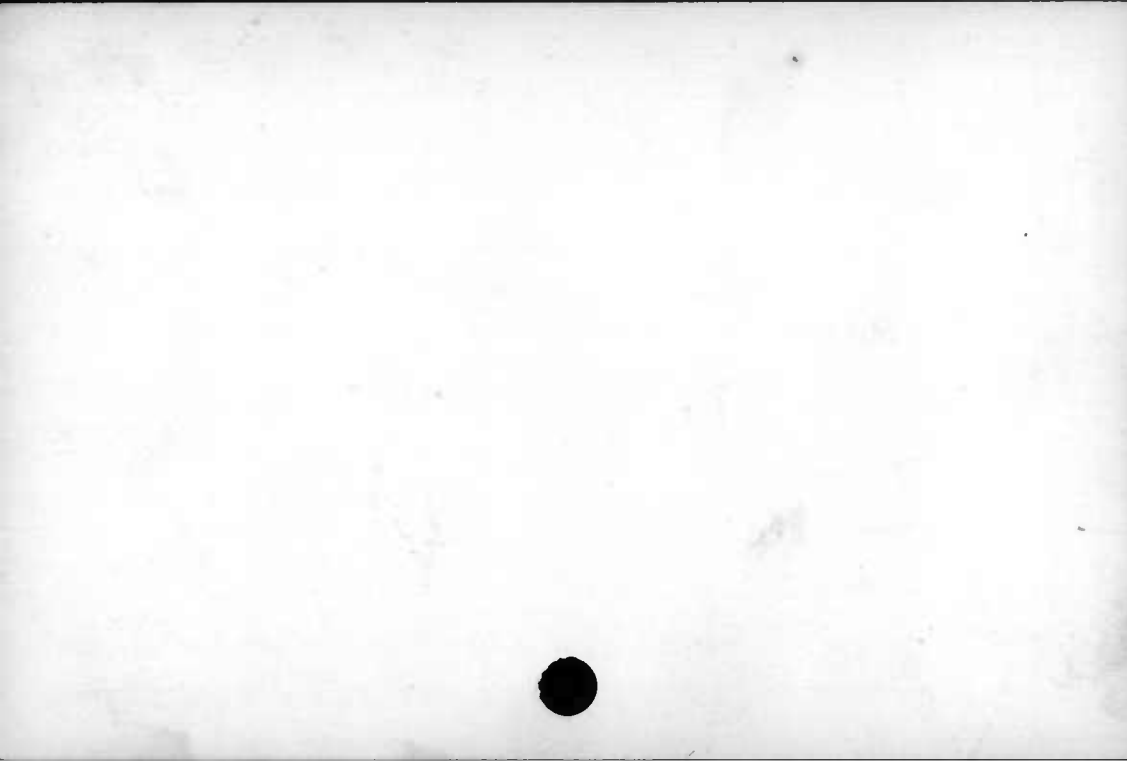
Address

Opp A Ward

Accident or Suicide?



Name in Full		Jane Reed		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> Mt Harmony		<sup>County</sup> Calvert		MARYLAND	
	Date of death 1905		Month Dec.		Day 28	
	Age 94		Years 94		Months 11	
	Days 4		Sex Female		Color or Race Colored	
	Birth-place		Occupation		Where Residing if not at place of death	
	Married, Single or Widowed Widowed		Name of Wife or Husband William Reed		Father's Birthplace	
	Father's Name Lewis Reed		Mother's Maiden Name Jane Reed		Mother's Birthplace	
Name of person giving information Amy Reed		How related to deceased Daughter		CAUSES OF DEATH		
PHYSICIAN OR CORONER	Primary Old Age		How long		Immediate Exhaustion	
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. M. Chaney		How long	
	Address		Chaney, W. M.		Accident or Suicide?	
	LIBRARY BUREAU 400016					



Name  
in  
Full

*Ridgely Lee Trate* 2/4/11

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huntingtown</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	<i>Dec.</i> <sup>Month</sup>	<i>5</i> <sup>Day</sup>	<i>4</i> <sup>Years</sup>	<i>20</i> <sup>Months</sup>
Sex	<i>Male</i>		Color or Race	<i>white</i>	
Occupation			Birth-place	<i>Cal. Geo.</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Thos. Mason Trate</i>		
Mother's Maiden Name			<i>Florence Lee Gons</i>		
Name of person giving information			<i>J. Mason Trate</i>		
Father's Birthplace			<i>Cal. Geo.</i>		
Mother's Birthplace			<i>Cal. Geo.</i>		
How related to deceased			<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Whooping Cough* <sup>How long</sup> *8*

Immediate *Exhaustion* <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

